



## Aero Fliers, Inc.

### Application for Membership

Due to current insurance constraints, we are unable to accept student pilots at this time.

Send completed application to [aerofliersvicepresident@gmail.com](mailto:aerofliersvicepresident@gmail.com)

#### Personal Information

Full Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Work Position: \_\_\_\_\_

Have you had any vehicle/aircraft accidents or convictions in the last 5 years? If so, please explain:

\_\_\_\_\_

Reason for wanting to join Aero Fliers?

\_\_\_\_\_

How did you learn about Aero Fliers? Are you a member referral?

\_\_\_\_\_

#### Flying Experience

Total Hours: \_\_\_\_\_ Dual Hours: \_\_\_\_\_ Certificate Number: \_\_\_\_\_ Last Flight Review: \_\_\_\_\_

Ratings: \_\_\_\_\_ Date of last medical and medical class: \_\_\_\_\_

Personal References (2) (including name, email address, and phone number)

\_\_\_\_\_

I have read the Code of Regulations and the Operating Rules of Aero Fliers, Inc., and if admitted as a member, I agree to abide by them. I acknowledge that if my membership or employment should be terminated, or if my account becomes over sixty days overdue, Aero Fliers Inc. Will have every right to take any legal steps available, including the right to have my employer deduct the unpaid balance from my salary.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature